

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Jerald Alex Ungerer 2020-00599
Full Name of Plaintiff Inmate Number

v.

Michael Esposito
Name of Defendant 1

Timothy Betti
Name of Defendant 2

Colleen Orzel
Name of Defendant 3

William Shanley
Name of Defendant 4

Name of Defendant 5

(Print the names of all defendants. If the names of all
defendants do not fit in this space, you may attach
additional pages. Do not include addresses in this
section).

Civil No. 1920-CV-2216
(to be filled in by the Clerk's Office)

☐ Demand for Jury Trial

☐ No Jury Trial Demand

FILED
SCRANTON

NOV 27 2020

Per Amo
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

___ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)

___ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388
(1971) (federal defendants)

___ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the
United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Ungerer Jerald Alex

Name (Last, First, MI)

2020-00599

Inmate Number

Lackawanna County Prison

Place of Confinement

Lackawanna County Prison 1371 N. Washington Ave.

Address

Scranton, P.A., 18509

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Esposito Michael

Name (Last, First)

LCP Correctional officer

Current Job Title

Lackawanna County Prison 1371 N. Washington Avenue

Current Work Address

Scranton PA 18509

City, County, State, Zip Code

Defendant 2:

Betti Timothy

Name (Last, First)

Warden of LCP

Current Job Title

Lackawanna County Prison 1371 N. Washington Avenue

Current Work Address

Scranton PA 18509

City, County, State, Zip Code

Defendant 3:

Orzel Colleen

Name (Last, First)

Deputy Warden

Current Job Title

Lackawanna County Prison 1371 N Washington Avenue

Current Work Address

Scranton PA. 18509

City, County, State, Zip Code

Defendant 4:

Shanley William

Name (Last, First)

Deputy Warden

Current Job Title

Lackawanna County Prison 1371 N-Washington Avenue

Current Work Address

Scranton PA. 18509

City, County, State, Zip Code

Defendant 5:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

Lackawanna County Prison, Charlie Block, D unit, around
8 pm.

B. On what date did the events giving rise to your claim(s) occur?

9-21-2020 (September 21st, 2020)

C. What are the facts underlying your claim(s)? (For example: What happened to you?
Who did what?)

My federal rights to Attorney-client confidentiality were
broken when C.O. Michael Esposito on this day delivered
my "legal mail" (From my Attorney) (about my case), to another
inmate (Michael Singleton) in another cell (D-10).

Michael Esposito opened and handed my legal mail to
Michael Singleton. Singleton read my legal mail assuming
it was his which was confidential between my attorney
and I. Esposito did not follow proper protocol, if he
had, then he would have been aware of who the "Legal
mail" was for and properly opened and handed my "legal
mail" to me in my presence. This in turn can have
negative affects on my case, and also giving my legal
mail to another inmate can have negative affects against
me as it can put me in danger of my confidential info.
being spread to other inmates.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

My federal rights of attorney-client confidentiality was broken.

Case Law:

Kaufman v. McCaughtry, 419 F.3d 678, 685-86 (7th Cir. 2005);

Davis v. Gard, 320 F.3d 346, 351 (2nd Cir. 2003);
Gardner v. Howard, 109 F.3d 427, 430-31 (8th Cir. 1997)

Legal right protected by 28 CFR sec 540.19

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Currently, I don't know the full extent of damages that this has the potential to cause to my case, or my person(s)

VI. RELIEF


State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I am Seeking Monetary relief and I would like Michael Esposito to be properly trained and any other officials trained properly so this doesn't happen again

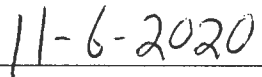
VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Signature of Plaintiff



Date

Name: Terald Alex Ungerer
Lackawanna County Prison
1371 N Washington Avenue
Scranton, PA 18509-2840



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CORRECTIONAL INSTITUTE

United States District Court
Middle District of Pennsylvania
235 N. Washington Avenue
P.O. Box 1148
Scranton, PA 18501



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